

Opunake Districts Rest Home Trust - Opunake Cottage Rest Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Opunake Districts Rest Home Trust

Premises audited: Opunake Cottage Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 3 October 2022 End date: 3 October 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 17

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Opunake Cottage Rest Home provides rest home services for up to 20 residents. It is owned and operated by Opunake Districts Rest Home Trust. The only changes to the service since the previous audit has been a change of governance personnel on the board.

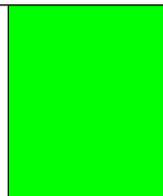
This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Taranaki. The audit process considered a sample of relevant policies and procedures, resident and staff files, observations, interviews with residents, whānau, the facility manager, staff, a trust board representative, and the general practitioner. All interviewees were positive about the care provided.

A full-time facility manager who is qualified as a registered nurse reports to the trust board. The facility manager is supported by an enrolled nurse and care and support staff.

Findings from the previous certification audit have been addressed and closed by Te Whatu Ora Taranaki, however three areas related to previous findings, around policies and procedures, document control, and documentation of the infection control programme were noted as requiring improvement during this audit. Further improvements are also required in the quality and risk system, care planning and medication competencies.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

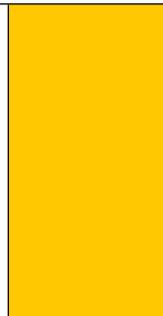
Opunake Cottage Rest Home works collaboratively with staff, residents, and the local community to support and encourage a Māori world view of health in all aspects of service delivery. Over 50% of the staff identify as Māori, including the facility manager. All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identify as Māori said they were treated equitably and that mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated into daily practices.

Residents and whānau confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Complaints are resolved promptly and effectively in collaboration with all parties involved

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service is governed by Opunake Districts Rest Home Trust. The trustees work with the facility manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented quality and risk management system which includes processes to meet health and safety requirements. Quality data is collected, and adverse events recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents, workforce planning is fair, equitable, and respects input from staff. The management team have the required skills and experience. Qualified staff are employed and rostered to be on site to meet the needs of residents, but this has been challenging for the service at times due to COVID-19 and the difficulties with recruitment of care staff. Staff are suitably skilled and experienced, there is a systematic approach to identify and deliver ongoing learning supports, and staff performance is reviewed. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When people are admitted to Opunake Cottage Rest Home to receive care, a person-centred and whānau-centred approach is adopted. The service carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and their whānau.

Opunake Cottage Rest Home has developed meaningful partnerships with the local Māori organisations, to benefit Māori individuals in the organisation. Care plans are individualised and demonstrate wellbeing outcomes for Māori.

The activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans are completed in consultation with whānau and residents, noting their activities of interest. Residents and whānau expressed satisfaction with the activities programme in place.

All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau have menu options that are culturally specific to te ao Māori.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The buildings and equipment in use are safe and fit for purpose. The facility is homely but designed in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups and reflect cultural preferences. The building warrant of fitness is current.

A New Zealand approved fire and evacuation plan is in place. Fire and emergency procedures are documented, and related staff training has been carried out. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained and hazards identified.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Opunake Cottage Rest Home ensures the safety of residents and staff through a planned pandemic response plan, that is appropriate to the size and complexity of the service. The plan is coordinated by the facility manager and has been tested periodically.

Surveillance of infections is undertaken, and results are monitored and shared with staff. Action plans are implemented as and when required.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The trust board are aware of their responsibilities in respect of restraint elimination, and restraint information is presented at board meetings. When restraint is used, this is as a last resort after all alternatives have been explored. No restraint has been used in the facility since 2018.

Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role undertaken by the facility manager providing support and oversight for restraint management. A restraint register is in place as is a comprehensive assessment, approval, monitoring, and reviews process should restraint be required in the future. Whānau and/or enduring power of attorney (EPOA) would be involved in decision making. Staff demonstrated a sound knowledge of the restraint process.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	4	0	0
Criteria	0	50	0	0	4	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Opunake Cottage Rest Home (Opunake) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected.</p> <p>A Māori health plan has been developed with input from cultural advisers/local iwi and is used for residents who identify as Māori. There were residents who identified as Māori at Opunake. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>The trust board recruits and retains a Māori workforce across all levels of the organisation.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	Not Applicable	<p>Opunake does not yet have a Pacific Health Plan to support the care needs and cultural considerations of Pacific peoples. There were no residents or staff who identified as Pasifika on the day of audit.</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English and Māori throughout the facility. Residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights, and that mana motuhake was recognised and respected. Whānau/EPOA or representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The admission process at Opunake ensures that, residents and whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The facility manager (FM) and enrolled nurse (EN) both reported that residents are supported to maintain their independence. Residents were able to move freely within and the facility, and outside now that COVID-19 restrictions have been removed.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff were</p>

		<p>observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff have completed training on the Te Tiriti o Waitangi, and this was culturally inclusive in the care provided. Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>Opunake has no processes in place at this time to enable them to respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The FM stated that any observed or reported racism, abuse, or exploitation at Opunake rest home is addressed promptly.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> <p>During interview, the FM and EN stated that a holistic model of health at Opunake rest home is promoted, that encompasses an individualised approach that ensures best outcomes for all.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own</p>	FA	<p>Nine staff and a member of the trust board who identifies as Māori, and resident's whānau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff have received training and advise on tikanga best practice in relation to consent.</p>

<p>health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints. This meets the requirements of consumer rights legislation. On entry all residents and their whānau are provided with information regarding the complaints process and advocacy services. Information regarding the complaints process is displayed and there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There have been no complaints from external sources since the previous audit.</p> <p>The previous non-conformance (HDSS 2008 1.1.13.3) which was related to documentation of complaints on the complaints register has been rectified with complaints now being accurately recorded.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Opunake is governed by a trust board which has Māori representation with significant input into organisational policy and procedure, protocols, and practices. The board assumes accountability for service delivery, honouring Te Tiriti o Waitangi, and defining a clinical governance structure that is appropriate to the size and complexity of the service. The FM is an experienced and suitably qualified person who manages the service. The FM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The previous non-conformance in HDSS 2008 1.2.1.3 which was related to education/training for the FM has been rectified. The FM has completed education/training in 2022 related to the Code of Rights, health equity, understanding bias in health care, Te Tiriti o Waitangi, care of tāngata whaikaha, restraint management, syringe driver competency, and first aid.</p> <p>The service holds contracts with the Te Whatu Ora Taranaki for aged</p>

		<p>related residential care (ARRC) and short-term respite care at rest home level. Seventeen residents were receiving services on the day of audit, all under the ARRC contract.</p> <p>There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery residents. This was supported by policy and through interviews with staff, residents, and their whānau.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	PA Moderate	<p>A quality and risk management framework is in place. A strategic plan (identified as a deficit in the previous audit HDSS 2008 1.2.1.1) is in place that identifies the purpose, values, direction, scope and goals for the organisation.</p> <p>There is a documented quality and risk management system. The system collects data in respect of quality indicators such as adverse events, infections (including outbreaks), complaints, and internal audits but these are not analysed to identify trends to improve service (refer criterion 2.2.2). Policies and procedures are in place, however, a significant number of the documents were out of date and had not been updated since 2018. This was noted at the previous audit (HDSS 2008 1.2.3.3 and 1.2.3.4) and, whilst a plan was put into place to remedy the issue, the review plan has not been carried through (refer criterion 2.2.8).</p> <p>High-quality care for Māori is embedded in organisational practices and this was confirmed by Māori residents and their whānau. Staff are knowledgeable about tikanga practices.</p> <p>The service complies with statutory and regulatory reporting obligations. Three section 31 notifications have been made since the previous audit; one in relation to a change in governance personnel, and two in relation to RN shortage.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Four weeks of rosters were reviewed. Staffing for the facility comprises of the FM, who is an RN on duty Monday to Friday and on-call supported by an EN who works Sunday to Thursday. Two caregivers work on the morning and afternoon shift, with one on night shift. The night shift caregiver can call the FM at any time for support or assistance.</p> <p>The service also employs a diversional therapist who provides activities Monday to Friday. Given the size and population of the facility, caregiving staff also carry out cleaning and laundry activities. Food services are managed in house and there are support staff (administration and maintenance) available to assist the FM.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Other than medication competency (refer 3.4.3), competencies are assessed and support equitable service delivery. HCA staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Four caregivers hold level four qualification, two level three and four level two.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Records are kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies (e.g., the NZNC, the NZ medical council, pharmacy, physiotherapy, and podiatry board). All new staff engage in an orientation programme which includes being 'buddied' with a peer, tailored for their specific role.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation</p>

culturally safe, respectful, quality care and services.		(HISO). Staff ethnicity data is recorded and used in accordance with HISO.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Opunake carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and whānau.</p> <p>Opunake has developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. Support is available from Māori healthcare organisations, Māori healthcare practitioners and traditional Māori healers if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>The multidisciplinary team at Opunake works in partnership with the resident and whānau to support the resident's wellbeing. Six residents' files were reviewed. File reviews included residents who identified as Māori, residents with a wound, residents recently transferred for an acute event, residents with behaviours that challenge and residents who self-administered medication. Files reviewed verified a care plan is developed by an enrolled nurse with oversight from the RN/FM following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Residents and whānau confirmed active involvement in the care planning process.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short term care plans met contractual timeframe. This addresses a previous corrective action request which identified seven interRAI</p>

		<p>assessments were overdue (HDSS 2008 1.3.4.2). Care plans identify residents' strengths, goals and aspirations and the support required to achieve these. At the time of audit Opunake has no processes in place to deliver services that can give tāngata whaikaha choice and control and remove barriers. They do however understand the constructs of oranga and support Māori and whānau to achieve their identified outcomes.</p> <p>Evidence verifies that there is no documentation in the care plan to evidence a planned review or evaluation of care is undertaken. In addition to this when progress is different from that expected the care plan does not include documentation to evidence changes in the care being provided. This was verified by sampling residents' records, from interviews, and from observations. This is an area requiring attention.</p> <p>A previous correction action identified wound management plans were being completed and evaluated by care staff who had no training in wound management and evaluation. Evidence was sighted of wound care training and evaluation being provided. Wound care is evaluated consistently by the RN or EN. These areas identified as requiring corrective actions, have been addressed (HDSS 2008, 1.3.3.1 and 1.3.8.2).</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist and activities assistants at Opunake provide an activities programme five days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Residents' meetings occur each month and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are generally satisfied.</p> <p>The activities programme sighted supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents who identify as Māori are encouraged to connect or reconnect with their communities. Recent activities include recognition of Māori language week, Māori word of the day, the reintroduction of</p>

		<p>entertainment by the kapa haka group, and visits by the Kohunga Reo.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. A number of staff who administer medicines, however, are not competent to perform the function they manage, and this requires attention.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Opunake.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	FA	<p>The food service provided at Opunake is in line with recognised nutritional guidelines for older people. The menu was reviewed by the dietitian in July 2021. This addresses a previous correction action that identified at the last audit the menu had not been reviewed in the past</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>year (HDSS 2008 1.3.13.1)</p> <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place includes cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and whānau expressed satisfaction with the food options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. The resident and whānau interviewed following a recent transfer to an acute facility, reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 18 December 2022. Spaces promote independence and safe mobility and were culturally inclusive and suited the needs of the resident groups with smaller spaces for the use of residents and their visitors. Residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>There are currently no plans for further building projects requiring consultation. The FM and trust board member interviewed are aware of the requirement to consult with Māori if this is envisaged in the future. A member of the board is mana whenua.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 4 June 1999. The scheme requires trial evacuation, and this was carried out on 1 September 2022.</p> <p>Residents and staff were familiar with emergency and security arrangements. Staff wear identification badges. Appropriate security arrangements are in place. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Moderate</p>	<p>A pandemic preparedness plan is in place, and this has been tested at regular intervals. A previous corrective action that identified the infection control programme had not been reviewed yearly, remains in place (HDSS 2008 3.1.3). This requires attention. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required. Māori staff participate in partnership with Māori for the protection of culturally safe practices and acknowledge the spirit of Te Tiriti. The infection control nurse /FM, who identifies as Māori, provides educational resources that are accessible and understandable for Māori.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance data is shared with staff and includes ethnicity data. Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service has been a restraint free environment since 2018. The trust board is aware of their responsibilities in respect of restraint elimination. Policies and procedures are in place to guide staff in the safe use of restraint and staff were able to describe safety requirements though these are also overdue for review (refer criterion 2.2.2). Restraint is reported at board meetings.</p> <p>The restraint coordinator is the FM who is an RN. There is a defined job description outlining the role, providing support and oversight for any restraint management should this be required. A restraint register is in place as is a comprehensive assessment, approval, monitoring, and reviews process should restraint be required in the future.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>The requirement for timely review of policy and procedure documents and the implementation of a document control system to manage them was highlighted in the previous audit (HDSS 2008 1.2.3.3 and 1.2.3.4). At that time only the human resource manual had been reviewed and a control system was not in place. Following the audit, a policy for the control of documents was written and accepted by Te Whatu Ora Taranaki as evidence that control of documents would occur moving forward. Investigation of the policy and procedure portfolio showed that this, the human resources policies, and the medication policy are the only policy and procedure</p>	<p>Most policy and procedures documents are out of date, have not been reviewed since 2018, and do not reflect the requirements of the Ngā Paerewa: Health and Disability Sector Standard. The quality and risk management system collects data/information in respect of quality indicators, but the data/information generated is not used to support improvements to service delivery.</p>	<p>Policy and procedure documents are reviewed to ensure they meets the requirements of the Ngā Paerewa: Health and Disability Sector Standard and a process is put in place to ensure policies and procedures are reviewed in a timely manner.</p> <p>Implement a system to utilise the data/information generated from quality activities to inform meaningful corrective action to improve service delivery.</p> <p>90 days</p>

		documents which have been reviewed, all other policy and procedure documents sighted were out of date and did not comply with the requirements of the recently introduced Ngā Paerewa: Health and Disability Sector Standard. Information on adverse events (e.g., falls, wounds etc.), infections, complaints, and results of internal audits is collected. No analysis of the data/information generated is compiled in a way that it can be used to improve service delivery, nor are corrective actions generated.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and</p>	PA Moderate	A review of six residents care plans identified there is no planned review documented in all six of the resident's care plan to evidence an evaluation has been undertaken of the care being provided. Changes required to care are recorded in progress notes, medical notes, and behaviour monitoring forms, however there is no process in place to record the changes in the care plan and enable a coordinated approach to care. Behaviour monitoring evidence episodes of challenging behaviour, however evaluation of present care and updates required is not sighted in the care plan. The potential risks of the behaviour have not been evaluated.	There is no documentation in place to evidence a planned review/evaluation of the care the resident receives has been undertaken. Where progress is different than expected there is no documentation in the care plan that verifies changes have been made.	<p>Provide evidence that there is documentation in place to evidence a planned review of residents' care plan occurs. Where progress is different from that expected changes are initiated in collaboration with the person receiving the service and whānau.</p> <p>180 days</p>

review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. A review of medication competencies on the day of audit found six of 10 care staff who administer medications had not had their competencies reviewed within the last year. The FM and EN implemented a process to address this on the day of audit to ensure all staff administering medication had an up-to-date medication competency assessment before they could administer any further medications.</p>	<p>A number of staff administering medications were not competent to do so.</p>	<p>Provide evidence that all staff who administer medications are competent to do so.</p> <p>30 days</p>
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response</p>	<p>PA Moderate</p>	<p>There is a pandemic response plan in place that has been tested in 2021 with an RSV outbreak and 2022 with a COVID-19 outbreak,</p>	<p>The infection control programme is documented, however has not been reviewed in the past year.</p>	<p>Provide evidence the infection control programme is reviewed annually.</p>

<p>plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>		<p>however interviews with the FM and documentation verifies the infection control programme has not been reviewed in the past year. This was a corrective action request at the last audit and remains in place.</p>		<p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.